

Incident Report

Check all boxes that apply. Answer applicable questions using back of page if necessary. Print clearly.

1. If the incident is a medical emergency or involves violence, or the threat of violence, call 9-911. Also call your building's emergency alert number. Procedures for handling emergencies are found in your building's Emergency Procedures document.
2. Type of Incident:
 - ☐ Injury/illness
 - ☐ Damage to Facility
 - ☐ Theft
 - ☐ Violence or threat of violence
 - ☐ Other _____
3. Date/time incident occurred: _____
Date/time Incident Report completed: _____
Report completed by: _____
4. Incident involved:
 - ☐ KHS employee (*any "on the job" injury to KHS employees require the notification of that employee's supervisor and the completion of the IA-1, Workers Compensation First Report of Injury form.*)
 - ☐ Other state employee
 - ☐ Guest at KHS Facility
5. Location of Incident: (*be specific concerning area, room number, or associated grounds, in blank*)
 - ☐ Kentucky History Center _____
 - ☐ Old State Capitol _____
 - ☐ Military History Museum _____
 - ☐ Other _____
6. Victim/s Name and contact information: (*name, address, phone number, and if member of a visiting group*)
#1 _____
#2 _____
#3 _____
7. Incident description: (*use back of form if necessary*)

8. Witness name and contact information:
#1 _____
#2 _____
9. Responders: (*check all that provided services associated with the incident*)
 - ☐ Facilities Security
 - ☐ Kentucky State Police
 - ☐ Frankfort City Police
 - ☐ Emergency Medical Services/Ambulance
 - ☐ Fire Department
 - ☐ KHS employee certified in first aid and or CPR
 - ☐ Division of Building Services (*notify directly if necessary, must clean-up any bodily fluid spill*)
 - ☐ Other _____
10. Turn completed Incident Report in to Corky Mohedano, KHS Security and Planning Administrator.